

Contracted Agency Guidelines For HIV Prevention Projects

(Federal and CHAPP funded)



**Colorado Department
of Public Health
and Environment**

**STI/HIV/VH Section
July 2014**

This document, forms, other guidance documents and links are listed on the
["STI and HIV CONTRACTOR RESOURCES"](#) webpage.

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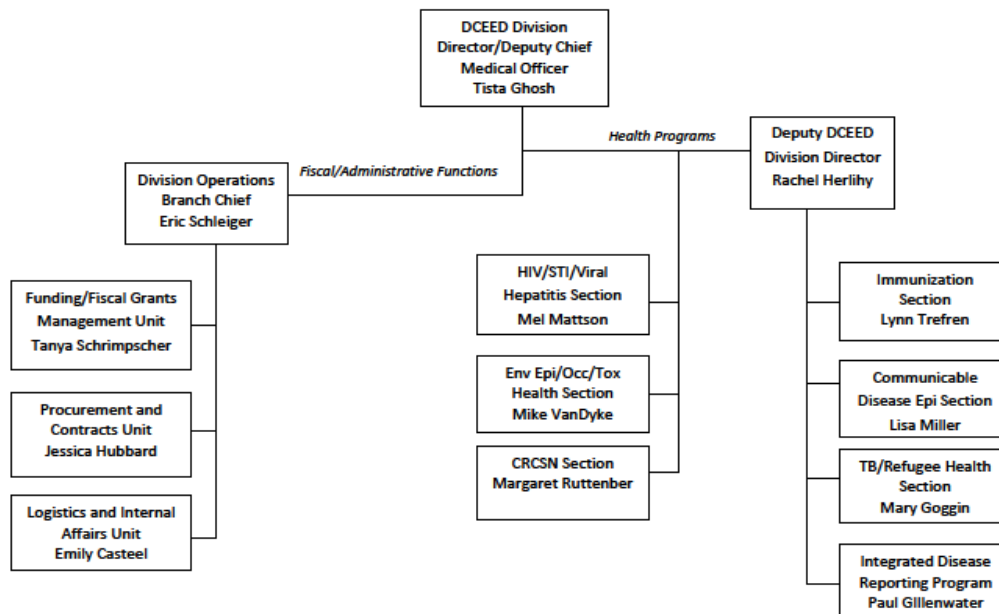
Welcome

The Sexually Transmitted Infection and HIV Prevention Program (SHPP) is pleased to welcome you as a contractor on behalf of the Colorado Department of Public Health and Environment (CDPHE). We would like to thank you for your commitment and dedication in promoting the sexual health and welfare of the people of Colorado. We look forward to working collaboratively with your agency and staff as you implements systems to deliver client centered, culturally sound STI/HIV/VH prevention services in the communities you serve.

The Planning and Resource Management Unit has prepared this contractors' manual to assist the grantee's administrative, fiscal and program staff to successfully manage grant-funded projects. This manual is specifically provided as a resource to persons involved in delivering the prevention services contracted with SHPP grants. It provides the policies, procedures and guidelines to promote sound business decisions and practices in securing necessary services for the SHPP. This manual does not eliminate or override Colorado statutory requirements, or requirements implemented by way of superseding Executive Orders and CDPHE management memos. The manual contains the most frequently utilized procedures required to maintain a grantee's compliance with federal, state, regulations and policies that govern grant funded programs and services.

STI/HIV/VH Section Background

The Sexually Transmitted Infections and Human Immunodeficiency Virus and Viral Hepatitis (STI/HIV/VH/) Section is one of seven Sections within the Disease Control and Environmental Epidemiology Division (DCEED). The DCEED tracks, controls and prevents communicable diseases and other conditions in Colorado to reduce illness and premature deaths. Staff members also assess risks from toxic exposures in the environment to prevent adverse health effects.



The mission of the STI/HIV/VH Section is to mobilize resources, technology, and minds to provide quality programs that address the STI/HIV/VH/VH prevention, care, treatment, and education needs of all persons in Colorado. The functions of the section include: disease surveillance ; follow-up of persons diagnosed with an STI / HIV or HCV infection to ensure adequate treatment and partner notification; access to care and treatment for persons with HIV infection; development of comprehensive STI/HIV/VH prevention programs; collaborations with at-risk communities, non-governmental organizations, and local health departments; training of medical providers and public health professionals; and conducting research to enhance STI/HIV/VH epidemiology and prevention. This program is legislatively mandated by CRS Title 25 Article 1 Parts 107 and 122, CRS 18-1-et seq., and CRS 25-4-1401 et seq.

An organizational chart for the STI/HIV/VH Section along with contacts can be found in Attachments 1 and 2.

The STI/HIV Prevention Program, within CDPHE, conducts cross-programmatic functions supporting STI and HIV prevention activities for the STI/HIV/VH Section. It works collaboratively with the DCEED Operations Branch, which assists with the timely purchase of quality goods and services, and contributes to resource allocation and ensures fiduciary compliance of contracted funds for the Section.

What You Can Expect

As a contracted agency, you will be working directly with a contract monitor from the STI/HIV Prevention Program and a fiscal monitor from the Operations Branch. ***Please initially direct all programmatic and fiscal questions to***

the contract monitor. We understand that sometimes questions cross fiscal and programmatic boundaries. The contract monitor will be your first point of contact that will then put you in contact with another staff member if needed.

These guidelines, which will provide you with information regarding key contacts, fiscal monitoring, contract monitoring, reporting, evaluation, assistance, and reimbursement guidance, can be a useful tool. Please familiarize yourself with this resource to maximize the success in delivery of the services that you contracted to provide.

This document, forms, other guidance documents and links are listed on the “[STI and HIV CONTRACTOR RESOURCES](#)” webpage.

Thank you for your efforts to prevent and reduce the impact of STIs, HIV/ AIDS and Viral Hepatitis in Colorado.

Fiscal Monitoring & Support

A fiscal monitor will be assigned to assist you and will be your point of contact for fiscal related concerns with your contract (invoicing, budget issues, budget reallocations or interpreting contract language) and fiscal reviews.

1. Once a new contract is signed, you will be provided with information from your contract monitor on contract start dates, invoicing frequency, what forms to complete and how to complete them, and other related issues.
2. Your contract and fiscal monitor will review the invoice for accuracy, completeness, how it relates to the funded project, and forward it to the department’s accounting office within 14 days calendar days of receipt, if there are no discrepancies.
3. Your fiscal monitor will conduct at least one fiscal review with you per year. The purpose of these fiscal reviews is to ensure proper use of funds and maintain fiduciary accountability. During this time, your fiscal monitor will meet with you in person for a portion of a day and may request to review attendance sheets, fiscal invoices, back-up documentation, and other documentation as it related to the fulfillment of your contract. Written feedback regarding the fiscal review will be made within 30 calendar days.

Invoicing

Contracted agencies are funded through a line item cost reimbursement contract with the State of Colorado. Project expenses will be reimbursed monthly for expenses **incurred in the previous month** by submitting a Contract Reimbursement Statement, sometimes referred to as an invoice, to the STI/HIV/VH Section. The Contract Reimbursement Statement must include the budget line item, a description of the expenditure, and the amount of funds requested. The state will not reimburse any cost incurred by the contracted agency prior to the issuance of a legally executed contract, task order, purchase order or other authorized document.

Contract reimbursement requests must be directly related to the project and contained in the approved budget. If there is a need to add or delete staff or goods to or from the budget, a revised budget may be submitted to the contract monitor for consideration. Contact your contract monitor if you need to submit a revised budget.

Refer to the **Budget Category Descriptions (Attachment 1)** when submitting requests for payments. These categories are being provided to ensure appropriate placement of budget categories and line items. This document also describes what each line item includes.

Your contract and fiscal monitor will review the requests for payment for accuracy, completeness, how it relates to the funded project, and forward it to the department's accounting office within 14 days calendar days of receipt, if there are no discrepancies. If there are questions about items on the invoice, your fiscal monitor will notify your contract monitor who will contact you for clarification. You may be asked to provide back-up documentation of your invoiced items. If you have questions about funding categories, please contact your fiscal monitor, he/she will provide direction regarding proper completion of invoices.

If you need assistance tracking the balance of your contract please contact your fiscal monitor.

All awarded monies must be obligated or spent by the last day of the funding year. Money may not be carried over to the next funding year unless your contract has been extended. This does not include contract renewals.

The contracted agency shall be paid on the basis of invoices submitted, completion of work related to activities, and submission of required reports and data. CDPHE may elect to withhold payment if contractual obligations are not met.

Invoicing Help

CDPHE's Standardized Invoice website contains a downloadable invoice as well as instructions for its use. Link to [Standardized Invoice webpage](#).

Videos prepared by the Prevention Services Division to assist contracted agencies.

- [Introduction to Standardized Invoice](#) (video)
- [Standardized Invoice Example and Functionality Walk-Through](#) (video)
- [Standardized Invoice Q & A](#) (video)

Requires Livestream account to view.
A Livestream account is free.

When & Where to Send the Invoice

Send your signed reimbursement request **within 45 days of the end of the reporting month** (e.g. June 15th for the April progress report) to the group email account at cdphe.dcdstihivrmu@state.co.us.

Please note that your invoice it must include the signatory's signature.

We recommend you to submit your invoice with your monthly report which is due 30 days after end of the month.

Budget Reallocations

A completed budget reallocation form should be submitted for **budget request changes of more than 25 percent of the total contract budget**. Please direct these first to your contract monitor for approval. The

contracted agency should provide all information requested on the form. Do not assume that submission of a request means the budget modification is approved. New expenditures should not be made until the reallocation is approved; therefore, the budget should not be changed on the request for payment form until approved by the fiscal monitor. The budget reallocation form is available on the "[STI and HIV CONTRACTOR RESOURCES](#)" webpage.

Budget reallocations must be submitted **45 days prior** to the end of the contractual year. Budget reallocations must be submitted by email. Scan the form with **signatory's signature** and email to your contract monitor.

Please do not make changes to the invoice until a budget reallocation request has been approved.

Program Evaluation

Your agency will be assigned an evaluation consultant. For the CHAPP project the University of Colorado staff will be your evaluation consultant. For Federally-funded projects it will be STI/HIV Prevention Program evaluation staff.

The evaluation staff will conduct one or more site visits per year depending upon specific evaluation needs. During these site visits, topics that may be discussed include data collection issues, technical assistance needs, logic model development, and activities related to outcome monitoring. They can provide evaluation-related technical assistance services which may include: designing and carrying out formative evaluation activities, designing instruments and procedures for collecting required National HIV Prevention Program Monitoring and Evaluation (NHME) Data Variables and Values, implementing outcome monitoring activities, analyzing and reporting data, etc.

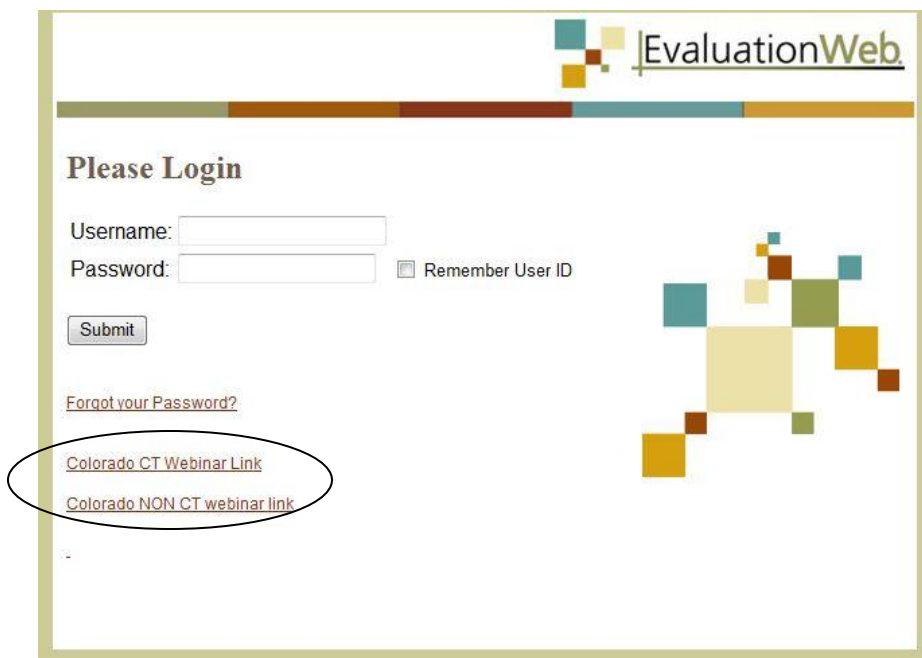
After your agency's contract with CDPHE is signed, the evaluation consultant will contact you to discuss evaluation activities that are pertinent to your agency's HIV prevention service activities. You will receive a protocol notebook for your site containing updated required data collection forms/templates and detailed documentation describing the required variables and their data collection requirements. You will need to identify at least one staff person that will have access and receive training for Evaluation Web data entry and to generate monthly reports. Training is available upon request.

Evaluation Web Access

Contact your evaluation consultant to get Evaluation Web access. A contact list is contained in this document.

Once you have filled out the necessary paperwork given to you by your evaluation consultant and have been assigned a login and password you will be able to access [Evaluation Web](#).

Evaluation Web Training



Please Login

Username:

Password: ☐ Remember User ID

[Forgot your Password?](#)

[Colorado CT Webinar Link](#)

[Colorado NON CT webinar link](#)

Evaluation Web basic training can be accessed at the [Evaluation Web](#) site without a login.

There are 2 videos available one showing counseling and testing data entry (Colorado CT Webinar Link) and one showing data entry for other activities including generating reports (Colorado NON CT Webinar Link).

Additional training and technical assistance can be offered by evaluation consultants.

Data Collection and Submission Requirements

Each contracted agency is responsible for entering data into EvaluationWeb, a web-based data system used to collect, report, and analyze required data. The EvaluationWeb system stores and compiles process evaluation data that describes participants and activities. These data include participant demographics, risk information, session activities, referrals made or received, and condom distribution.

Funded agencies must submit this data to the STI/HIV/VH Section within 10 calendar days after the session or activity occurred.

Contract Monitoring & Support

Contract monitors support community based organizations and local health departments by ensuring contractual deliverables and services are met. Contract monitors are also your initial point of contact to request technical assistance or training to maximize and/or improve prevention services to the communities and populations. These services are offered to contracting organizations frequently free of charge. The Capacity Building Unit (CBU) staff along with the contract monitor will assist contracted agencies to identify and receive technical assistance and or training.

1. Once a new contract is signed, you will be provided with information from your contract monitor on reporting systems (monthly reports, important dates, etc.) and other specifics of your intervention.
2. Your contract monitor will conduct a minimum of one site visit per quarter, per program, or more depending on need. During this visit your contract monitor may observe the delivery of services, review intervention documentation (sign-in sheets, logs, session forms, etc), request to review your program curriculum, or talk with you or your staff regarding programmatic issues. The site visit's purpose is to ensure that service delivery is consistent with the program curriculum or contract and to assist agencies in identifying opportunities for capacity building. After a site visit your contract monitor will provide a letter documenting the visit, what was observed, what was discussed and any recommendations or follow up needed.
3. Your contract monitor will set up a standing monthly teleconference with you to discuss project progress and address any questions.
4. Monthly reports will be reviewed by your contract monitor within ten calendar days of receipt and respond to you with any questions.
5. Your contract and fiscal monitor will review your invoice for accuracy, completeness, how it relates to the funded project, and forward it to the department's accounting office within 14 days calendar days of receipt, if there are no discrepancies.
6. As the initial point of contact for many services and support your contract monitor will respond to requests and questions within 3 business days.

Progress Reports

Your progress report should be an accurate reflection of the progress your program has made toward the completion of your contract goals, as well as reflect concerns, technical assistance, and other needs that may have been identified that month. The information in these reports is used as an indicator of contract performance and is used by the contract monitor to understand and convey program progress to advisory committees, CDPHE staff and to CDPHE funders. The progress report also is used by the contract monitor to approve your invoice. If the progress report lacks sufficient detail to determine progress toward objectives and deliverables or to explain items on the invoice it will be returned to you for additional information.

Your agency will need to attach reports from Evaluation Web meeting stated objectives for each funded intervention. Your agency may be contacted to participate in evaluation activities that monitor behavioral changes following participants' completion of a prevention intervention.

See Attachment 4 for a copy of the Progress Report. A copy is also available on the "[STI and HIV CONTRACTOR RESOURCES](#)" webpage.

When & Where to Send the Progress Report

Monthly progress reports are **due 30 calendar days after the reporting month** (e.g. May 30 for the April progress report). Send your monthly report to the group email account at cdphe.dcdstihivrmu@state.co.us monthly.

We recommend you to submit your invoice with your monthly report.

Training, Technical Assistance and Capacity Building

There are many resources available for HIV Prevention contracted agencies to receive technical assistance. As stated earlier if you are in need of technical assistance or training contact your contract monitor. This list describes resources currently available:

1. **Capacity Building Unit Trainings** – The STI/HIV/VH Section holds trainings on various topics throughout the year. Trainings are designed to develop and support the skills used in STI/HIV/VH prevention. For a complete list of trainings please visit www.stdhivco.org. All trainings are free of charge. Training announcements are usually sent out via email to all contracted agencies.
2. **Capacity Building Assistance (CBA)** – CBA is CDC supported and offers trainings on HIV prevention strategies, effective behavioral interventions, and other topics are available for HIV prevention providers and administrators. The CDC – Capacity Building Branch provides a comprehensive array of training events, nationally and year round, conducted by CDC staff and/or CBA providers.

Training events cover many topics, including:

- **Monitoring and Evaluation,**
- **Rapid Testing,**
- **Recruitment Strategies,**
- **Social Networking,**
- **Fundamental of HIV Prevention**
- **Public Health Strategies**

To obtain more information about training events in your area contact your contract monitor or visit:

[Training Events Calendar \(TEC\)](#)

3. **DEBI/EBI (Effective Behavioral Interventions) Trainings** – For a full list of DEBIs and scheduled national training opportunities, please visit www.effectiveinterventions.org.

Material Review for Federal and State Funded Programs

Whether your project is funded with state (CHAPP) or federal funds marketing and educational materials purchased or developed for the project will need to be reviewed before use. There are separate review panels for CHAPP and federally-funded projects. For federally funded projects, CDPHE has a HIV Prevention Materials Review Panel comprised of staff members and community volunteers to review submitted materials. For CHAPP projects the Material Review Panel is the CHAPP Advisory Committee members. For both panels, materials are review on an as needed basis and can take up to 3-4 weeks depending on the material.

Materials developed or used by your agency or a subcontracted agency include:

Brochures, flyers, posters, video and audio tapes, questionnaires, surveys, curricula or outlines for educational sessions, public service announcements, Web pages, etc. This approval needs to be obtained **prior** to purchasing and/or distribution of any materials.

Materials previously approved by CDPHE HIV Prevention Materials Review Panel or materials developed by Centers for Disease Control and Prevention such as Diffusion of Effective Behavioral Interventions (DEBIs) or educational brochures that have not been adapted, edited, or otherwise revised **do not** need to be reviewed again, once approved. If, however, these materials have been adapted or tailored for your intervention or target population, they will need to be reviewed. Please contact your contract monitor for guidance.

See **Attachment 5** for a copy of the **HIV Prevention Materials Review Panel** submission form. See **Attachment 6** for the **CHAPP Material Review** form. Both of these forms are also available on the "[STI and HIV CONTRACTOR RESOURCES](#)" webpage.

To submit materials for review please contact your contract monitor who can assist you with the process.

Contract Management System (CMS)

Senate Bill 07-228, as incorporated in the Colorado Revised Statutes at §§24-102-205, 24-102-206, 24-103.5-101 and 24-105-102, requires the Colorado Department of Personnel and Administration (DPA, to implement and maintain a centralized contract management system for the purpose of monitoring all State personal services contracts that are subject to the requirements of the bill and its implementing statutes. The Office of Contract Administration, within the Office of the State Controller, was created to accomplish the objectives of the bill to include the implementation and oversight of the centralized system. To access the bill and other contract monitoring guidance documents, go to the [Office of Contract Administration website](#).

In accordance with CDPHE and STI/HIV/VH Section guidance each contract is reviewed monthly on five categories and their respective factors (see **Attachment 6**) in a contract designation meeting that includes the CDPHE contract monitors, and CDPHE evaluation staff. In these monthly contract reviews, each staff person provides specific input on the categories and the specific factors comprising the categories that apply to their work. The results of the monthly reviews inform the quarterly evaluations and reports to advisory committees. The information included in the previous quarterly CMS ratings will be considered in assigning the final performance rating. Final performance ratings are given at the end of a contract period which may span 1 or more years. For CHAPP-funded projects the contract period is usually 3 years and for projects funded by federal funds the contract period is usually 5 years. Only final performance ratings are posted online at <http://contractswb.state.co.us/>

Contract Renewals

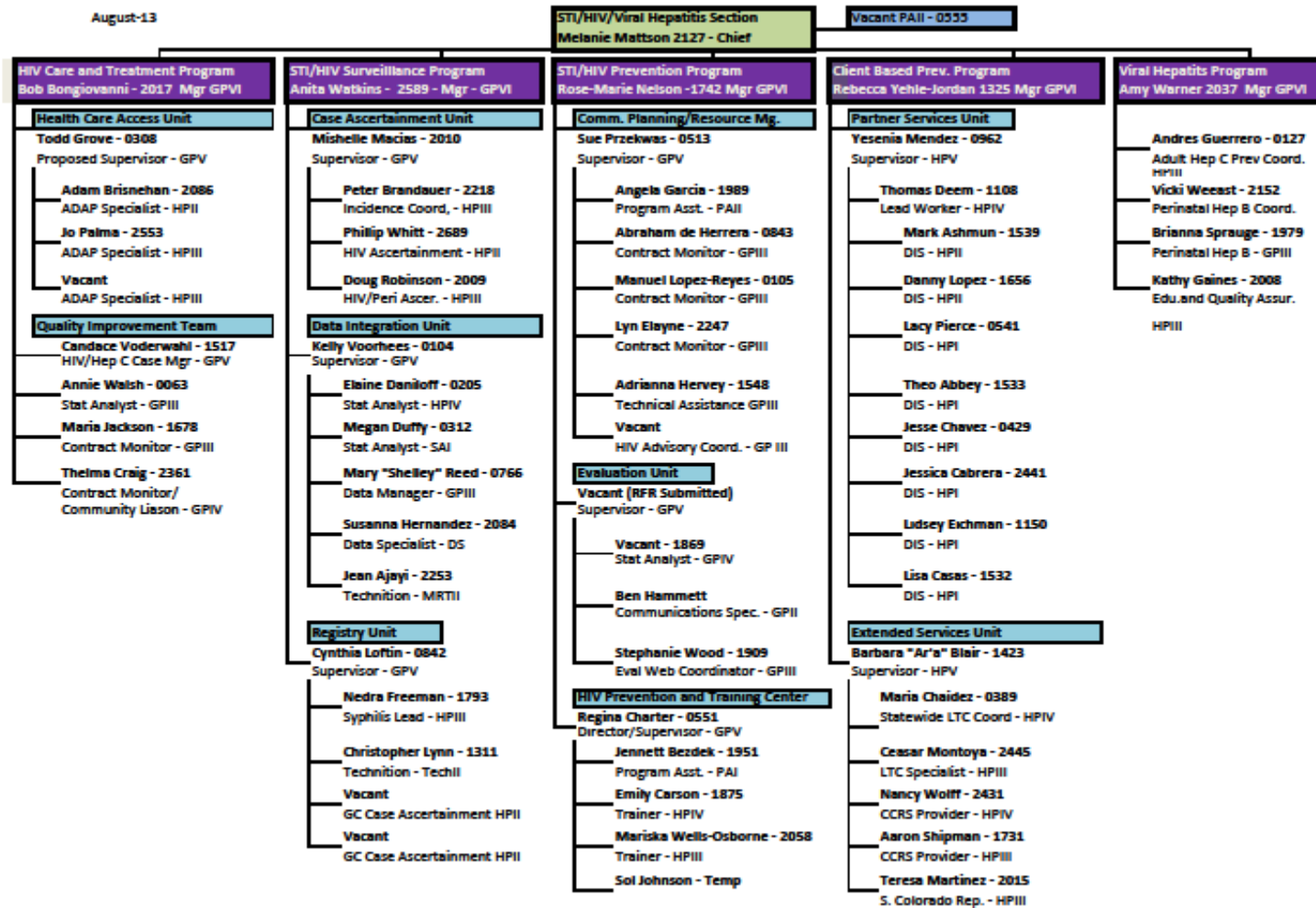
Most contracts are awarded for multiple years with an annual re-application renewal process. The contracts may be renewed at the discretion of the STI/HIV/VH Section, based on availability of funding, continued need for the service, and adequate performance.

Agencies will be given guidance by contract monitors on the materials needed to renew the contract. Contracted agencies are responsible for submitting a work plan and budget for the new contractual period upon request, typically four to five months before the start date of the renewal contract. The work plan should include process and outcome objectives. Action steps/activities should be included under each process objective. Once all steps have been completed for the renewal process, an original contract will be forwarded to you for signature. You are not authorized to begin work on the new project until you have received a signed final version of the contract from CDPHE indicating the project start date. You will not be reimbursed for work performed outside of the contractual project period.

Attachments



Attachment 1- STI/HIV/VH Section – Organizational Chart



Attachment 2- STI/HIV/VH Section – Contacts

Topic	Contact Person	Phone	E-mail
Contract Monitors <ul style="list-style-type: none"> • Training/TA requests • Behavioral intervention development, revision, or adaptation • Budget Reallocation • Invoice & monthly reports • Contracts & Renewals 	Sue Przekwas (Supervisor)	303-692-2759	Sue.przekwas@state.co.us
	Lyn Elayne	303-692-2768	lynette.elayne@state.co.us
	Adrianna Hervey	303-692-2786	adrianna.hervey@state.co.us
	Manuel Lopez-Reyes	303-692-6247	juan.lopez-reyes@state.co.us
Capacity Building Unit <ul style="list-style-type: none"> • Provides training and TA • Assistance identifying needed TA or training. 	Regina Charter (Supervisor)	303-692-2747	Regina.charter@state.co.us
	Emily Carson	303-692-2728	emily.carson@state.co.us
	Mariska Osborn-Wells	303-692-6371	mariska.osborne-wells@state.co.us
Operations Branch (Fiscal Monitoring) <ul style="list-style-type: none"> • Contracts • Budgets • Invoices 	Tanya Schrimpscher (Supervisor)	303-692-2712	Tanya.Schrimpscher@state.co.us
	Cindy Wait (Fiscal Monitor)	303-692-2972	cynthia.wait@state.co.us
Evaluation <ul style="list-style-type: none"> • Evaluation technical assistance • Formative evaluation • Data collection • Process and outcome monitoring • Data analysis/ reporting 	Rose-Marie Nelson (Program Manager)	303-692-2721	rose-marie.nelson@state.co.us
	Jennifer Donnelly (Federal projects)	303-692-6355	jennifer.donnelly@state.co.us
	Leslie Frank (EW Coordinator)	303-692-2633	Leslie.Frank@state.co.us
	Sharon Devine (CHAPP)	303-570-5147	Sharon.Devine@ucdenver.edu
	Tara Wass (CHAPP)	303-860-1705	tara.wass@crsllc.org
Prevention, Care and Treatment Programs <ul style="list-style-type: none"> • Linkage to Care • AIDS Drugs Assistance Program • Prevention Programming (Federal & CHAPP) 	Bob Bongiovanni (Program Manager)	303-692-2703	Bob.Bongiovanni@state.co.us
Surveillance Program <ul style="list-style-type: none"> • Epidemiological data 	Kelly Voorhees (Data Integration)	303-692-2658	Kelly.Voorhees@state.co.us
	For data requests send email with request to		cdphe_stihivdatarequest@state.co.us
Client-Based Prevention (CBP) <ul style="list-style-type: none"> • Partner Services • Disease Investigation • Linkage to Care 	Rebecca Jordan (Program Manager)	303-692-2969	Rebecca.Jordan@state.co.us
Viral Hepatitis Program <ul style="list-style-type: none"> • Linkage to Care • Advocacy 	Amy Warner (Program Manager)	303-692-2673	Amy.Warner@state.co.us

Attachment 3- Budget Description Categories

Budget Description Categories

These categories and this format are being provided to ensure appropriate placement of budget categories and line items. The descriptions under each are examples of allowable costs but may not be approved/included in every contract. Specific line items and costs are negotiated in your initial contract with any modifications requiring approval. Expenses must occur within the budget period. If you have any questions, please contact your fiscal monitor.

1. Personnel:

This category includes costs for staff paid under the contract that are employees of your agency. Please specify staff names and the percentage of time they are being paid during the invoiced period. This may include administrative, programmatic, evaluation, accounting staff, etc. Reimbursement may only be requested for staff associated with the project.

2. Fringe:

Fringe benefits include costs for taxes, insurance, and benefits for project related employees.

3. Equipment:

Equipment is represented by single items of equipment greater than or equal to a cost of \$5,000 that is directly related to the project. A piece of equipment with a unit cost of less than \$5,000 is considered a supply. Items such as desktop or laptop computers shall not be considered equipment and should be placed in the supply category.

4. Supplies:

This category should include programmatic supplies directly related to the provision of the service including office supplies, pamphlets, posters, video tapes, CDs, condoms, lubricants, computers, software, bleach kits, and general office supplies such as envelopes, or paper, pens, pencils. When completing the invoice, please specify how many supplies and the types of supplies that are being purchased. Be prepared to supply documentation of these expenses.

5. Travel:

This category may include mileage to provide services and costs to attend staff development events related to the approved scope of work, such as workshops. This may include mileage rate, car rental, parking expenses. The mileage rate cannot exceed the established rate for the State of Colorado, which is \$0.45 per mile beginning January 1, 2010. Out-of-state/national travel and conference registrations will be funded on a case-by-case basis (and must be part of the larger intervention(s) delivered by the project). International travel and conference registrations will not be funded.

6. Other:

This category may include items not listed in the above categories such as project related expenses including stipends, incentives, telephone services, room rental, audiovisual equipment rental, maintenance fees, Internet provider services, printing, registration fees, etc.

Please specify the description of items and cost of items when requesting reimbursement (e.g. Internet: \$50/month).

7. Contractual:

This category includes details of any subcontracted agencies as well as funds paid to consultants, outside trainers, maintenance of equipment or for bookkeeping/accounting services that are outsourced rather than provided in-house.

Please specify the sub-contracted agency name and type of work requesting reimbursement (e.g. ABC Company performing _____ work at 15 hours x \$50/hour).

8. Indirect costs:

The indirect cost rate requested shall be based on the vendor's existing negotiated rate with CDPHE. If a vendor does not have an established negotiated rate with CDPHE, then the indirect cost rate will be calculated at 10 percent of the requested staff personnel expense, excluding fringe benefit costs.

This indirect cost rate is applicable to any subcontracted agency(s) as well. The indirect rate consists of expenses not directly charged to the program, e.g., facility rent/lease, postage, telephone, utilities, etc.

Attachment 4 – Monthly Report Template

(Agency Name)	(Program Name)

(Service Month/Year)	(Date Submitted)	(Person(s) Completing Report)

THIS IS A TEMPLATE WHICH NEEDS TO BE CUSTOMIZED FOR YOUR PROJECT BY YOUR CONTRACT MONITOR. PLEASE CONTACT YOUR CONTRACT MONITOR TO GET THE REPORT YOU WILL USE.

(Do not enter Evaluation Web data here)

Primary Activity # 1: The Contractor shall establish a network of providers within or near the catchment area available to offer medical, behavioral and prevention services to individuals at risk for HIV.
(Complete this section from July 1, 2014 through December 31, 2014)

Deliverables for Primary Activity #1 (this is just a **reminder** - please check your contract for a **complete** list of deliverables.)

- ✓ Has your Network Coordinator been identified by August 1st or has changed?
- ✓ Has a network associate been identified for each of the required categories by September 30th?
- ✓ Is the Network Associate meeting calendar up to date? Have meeting minutes been submitted?
- ✓ Will client referral and data sharing protocols be complete by December 31st?
- ✓ Have copies of all Network Associate MOUs been submitted to CDPHE by December 31st?

1. Who is the network coordinator for your agency?

2. List all Network Associates and the current status of the MOU negotiations?

Network Provider/Associate (add rows as needed)	Provider/Associate type*	MOU/MOA Update- Provide an update of the status.	Date MOU sent to CDPHE CM

* Provider type- MH = mental health; SU = Substance Use Treatment ; Prev = Prevention Agency ; Med = Medical provider

3. Include or update the six-month Network Associate meeting schedule. Include location and time of the meetings. If a meeting was held this month include a copy of the meeting minutes.
4. Provide an update on “client referral and data sharing protocols” development including challenges.
5. Include or update the six-month Advisory Council meeting schedule.
6. What assistance can CDPHE provide your agency to assist with the network development?
7. Please provide additional narrative to identify and clarify work performed on this activity this month or any information regarding future planning for this activity.

Primary Activity # 2: The Contractor shall schedule and host a minimum of three (3) meetings between January 1, 2015 and June 30, 2015 to develop continuous quality improvement (CQI) protocols that focused on the improvement of network functionality and referral processes. CDPHE will provide indicators the network will use to develop protocols.

(Complete this section from January 1, 2015 through June 30, 2015.)

Deliverables for Primary Activity #2 (this is a **short list** - please check your contract for a **complete** list of deliverables.)

- ✓ Have any network associates changed or added for any of the required categories?
- ✓ Have copies of all Network Associate MOUs been submitted to CDPHE?
- ✓ Is the Network Associate meeting calendar up to date? Have meeting minutes been submitted?
- ✓ Are the Network Associates working on continuous quality improvement (CQI) protocols that will be in place by June 30, 2015?

1. What is the current status of your agency's provider network?
(Beginning Jan 1, 2015 cut and paste table of providers here and update as necessary)
2. Include or update the six-month Network Associate meeting schedule.
If a meeting was held include a copy of the meeting minutes.
3. Describe your agency's successes and challenges making and accepting referrals from Network Associates.
4. Please provide an update on the "continuous quality improvement (CQI)" protocol development including challenges.
Explain how the principles of "Act, Plan, Do, Study" are included in this process?

Has your agency received indicators from CDPHE for use with this process?
5. What assistance can CDPHE provide your agency to assist with improving the network?

6. Please provide additional narrative to identify and clarify work performed on this activity this month or any information regarding future planning for this activity.

Primary Activity #3: Update <The Contractor shall deliver evidenced-based STI, HIV and/or HCV risk reduction intervention with fidelity to.....>

Deliverables for Primary Activity #3 (this is a **short list** - please check your contract for a **complete** list of deliverables.)

- ✓ Has your curriculum been submitted and approved by September 30th?
- ✓ Has your plan for Quality Assurance been submitted & implemented by September 30th?
- ✓ Have you submitted the implementation plan for Mental Health and Substance Abuse screening by July 31st?
- ✓ Have you developed any new marketing materials that need approval?
- ✓ Is the intervention calendar up to date?
- ✓ Is all the related data entered in Evaluation Web within 10 days of the session?

< (Name the intervention here) >

1. Describe network referrals, outreach activities, recruiting, and marketing completed this month specifically for this intervention.
2. Include or update the Six-month intervention schedule.
Identify facilitation staff and session(s) to be covered on the schedule.
3. Were any scheduled sessions canceled changed or added to the planned schedule?
If so, when and how were registered clients notified? Were any additional intervention sessions needed?

4. Has your agency had any change in staffing that affects this intervention?
Does your agency have any staff training needs?

5. <remove if no subcontractors> Have your agency supervisors completed any staff/sub-contractor observations this month?
Please give details or send a copy of the observation report.

6. Include an Evaluation Web printout to identify clients that have attended/graduated this intervention.
Please explain any Evaluation Web and/or data entry concerns.

Only information from Evaluation Web will be considered when evaluating progress for this intervention. Do not duplicate Evaluation Web data on this monthly report.

<If there are more intervention activities copy the above questions here to get information for each intervention.>

Primary Activity XX: The Contractor shall deliver HIV ~~<delete if not conducting>~~ and HCV> risk reduction intervention with fidelity to <_____>.

Deliverables for Primary Activity XX (this is a **short list** - please check your contract for a **complete** list of deliverables.)

- ✓ Has your CTR Quality Assurance Plan (including rapid testing protocols) been submitted & implemented by September 30th?
- ✓ Have you developed any new marketing materials that need approval?
- ✓ Is the testing calendar up to date?
- ✓ Is all the related data entered in Evaluation Web (including MISBIRT screening results) within 10 days of the session?

1. Describe network referrals, outreach activities, recruiting, and marketing completed this month specifically for testing.
2. Include or update the Six-month testing schedule.
Identify testing staff, places and times on the schedule.
3. What staffing changes have occurred that affects testing?
What training does your staff need regarding testing?
4. ~~<remove if no subcontractors>~~ Have your agency supervisors completed any staff/sub-contractor observations this month?
Please give details or send a copy of the observation report.
5. Include an Evaluation Web printout to identify the number of people tested.

Please explain any Evaluation Web and/or data entry concerns.

Only information from Evaluation Web will be considered when evaluating progress for this intervention. Do not duplicate Evaluation Web data on this monthly report.

6. Please fill out this table

Counseling, Testing & Referral Service Tracking

	1	1a	2	2a	3	4	5
	Total Number of Individuals Tested	Total Number of Individuals Tested and Informed of Status	Total Number of Individuals Identified as HIV Positive and Informed of Status	Total Number of Individuals Identified as HIV Positive, Informed of Status And Referred into Care	Total Number of Individuals Identified as HIV Positive and NOT Informed of Status	Total Number of Individuals Identified as HIV Negative and Informed of Status	Total Number of Individuals Identified as HIV Negative and NOT Informed of Status
Prior FYTD Total							
Present Month Total							
Cumulative Total							
**** This table is to be completed only by programs that have an HIV Testing Component							

Primary Activity #4: The Contractor shall develop a written plan for distribution of risk reduction materials (RRM) to effectively reach individuals considered to have a high risk of HIV infection or through venues located in areas of high sexually transmitted infection (STI)/ HIV epidemiological significance.

Deliverables for Primary Activity #4 (this is a **short list** - please check your contract for a **complete** list of deliverables.)

- ✓ Is the risk reduction material distribution plan still current?
- ✓ Is all the related data entered in Evaluation Web?

1. Enter the date you submitted your quarterly plan

	July – Sept 2014 Due by July 31	Oct – Dec 2014 Due by July 31	Jan – March 2015 Due by July 31	April – June 2015 Due by April 30
Date of Quarterly RR Material Dist. Plan Submission				

2. What changes have been made to the approved plan this month?
3. What Risk Reduction Materials did you order from CDPHE this month?
4. Include an Evaluation Web printout to identify the zip codes where risk reduction materials have been distributed. Only information from Evaluation Web will be considered when evaluating the minimum requirements for this intervention. Do not duplicate Evaluation Web data on this monthly report.

Please add additional narrative to identify and clarify work performed on this activity this month or any information regarding future planning for this activity.

Budget/ Invoice

1. With the exception of staff cost, provide a brief description of all purchases made this month. Identify the primary activity each purchase is associated with. If a purchase is not identified in your approved budget you will need prior approval from your Contract monitor before incurring the cost.

Quarterly Deliverables Progress

*****If the minimum number of expected monthly and/or quarterly deliverables are not met, a written resolution plan to address the each deficiency and reach quarterly goals must be completed below until the deficiency is resolved.***

Contract Quarterly Goals		A	B	C	D
		First quarter goal	Second quarter goal	Third quarter goal	Four quarter goal
	List intervention(s)				
	Testing				
	Condom goals by quarter here.				

Proposed Resolution Plan:

Resolution Plan Progress update:

Resolution Plan Outcome:

Attachment 5 - HIV Prevention Material Review Form

System id# _____ **Material Review Panel Documentation Form**

Name of agency submitting the item for review: _____

Name of contact person: _____

Contacts address: _____

City: _____ State: _____ ZIP _____

Phone: (____) _____ Fax: (____) _____ Email: _____

Date of submittal: _____ Title: _____ Title # _____

Production date _____ Name of producer: _____

Type of material: _____ Target audience: _____

In regard to any item in the table above that has not been approved by the Program Review Panel, you must ship this form accompanied by **seven copies** of each un-reviewed item to your contract monitor at DCEED STI /HIV Section, CDPHE, 4300 Cherry Creek Drive South, Denver CO 80246. If it is not feasible to include seven copies (as in the case of a copyrighted video), please submit one copy with an explanation. We will return the items after review if you so request.

By signing below, I assert that this form accurately reflects the status of all written materials, audiovisual material, and pictorials currently used as part of our HIV prevention effort. I understand that failure to completely and accurately complete this form could be considered a violation of our contract with The Colorado Department of Public Health and Environment and could result in the cancellation of our contract or other penalties.

Printed Name _____ Signature _____ Date _____

To be completed by Contract monitor/Technical Reviewer

Contract monitor (please print) _____ Technical Reviewer (please print) _____

Prior to your review today, this item underwent a technical review by staff of Colorado Department of Public Health and Environment (CDPHE) and the following determinations were made (if checked below):

- ☐ The item accurately uses terms, descriptors, or displays necessary for the intended audience to understand dangerous behaviors and explain less risky practices concerning HIV transmission.
- ☐ The item specifically covers the harmful effects of promiscuous sexual activity and intravenous substance abuse, and the benefits of abstaining from such activities.
- ☐ Though this item does not specifically mention the harmful effects of promiscuous sexual activity or intravenous substance use and the benefits of abstinence, this item is part of an overall program that does address these issues.
- ☐ The intended audience is youth, and the item appears to be guided by the principles contained in "Guidelines for Effective School Health Education to Prevent the Spread of AIDS."

If you, as a review panelist, require more details on how these determinations were made, you may request them from CDPHE prior to approving this item.

In your opinion, are the following statements true of this item you are reviewing?

1. This item encourages, directly, homosexual or heterosexual sexual activity or intravenous substance abuse. <i>(Note: Merely mentioning behavior is not considered to be "encouraging behavior" so long as the underlying intent is to provide accurate information about various means to reduce an individual's risk of exposure to, or the transmission of, HIV).</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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2. Given community standards, as you understand them, this item is obscene.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. This item involves an educational session (e.g., a curriculum) in which attendees participate in sexually suggestive physical contact or actual sexual practices.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Material: ☐ Approved, ☐ Not Approved, or ☐ Approved with contingencies listed below:

Panelist Name: _____ Date: _____
(Please Print Clearly)

Panelist Signature: _____

To be completed by Coordinator, Program Review Panel:

Final approval ☐ Yes ☐ No Approval with contingencies ☐ Yes ☐ No Date: _____

Date contingencies received: _____

Verification contingencies were met: _____

Initials

Attachment 6- CHAPP Material Review Form

CHAPP Program Review Panel Documentation Form

Name of agency submitting the item for review: _____

Name of contact person: _____

Contact Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____ Email: _____

Material Title: _____

Type of material: _____ Target audience: _____

In regard to any item that is to be used or disseminated in conjunction with CHAPP funding that has not been approved by the CHAPP Program Review Panel, you must ship this form accompanied by **seven copies** of each un-reviewed item to your contract monitor at DCEED STI /HIV Section, CDPHE, 4300 Cherry Creek Drive South, Denver CO 80246. If it is not feasible to include seven copies (as in the case of a copyrighted video), please submit one copy with an explanation. We will return the items after review if you so request. If the materials you intend to use were previously approved by CDPHE within the past five years, then you do not need to submit them for review (ask your contract monitor for a list of previously approved materials).

By signing below, I assert that this form accurately reflects the status of all written materials, audiovisual material, and pictorials currently used as part of our HIV prevention effort. I understand that according to State Board of Health Rules regarding the Colorado HIV and AIDS Prevention Grant Program (CHAPP), prior to implementation, the grantee must provide documentation that HIV prevention messages, images, and materials developed or purchased by the grantee for distribution in the context of the funded prevention activity have been reviewed and approved by an expert panel designated by the Advisory Committee. Review criteria include, but are not limited to, consistency with department policy, medically accurate, and are appropriate and acceptable to the target population.

Printed Name

Signature Date

To be completed by CDPHE and CHAPP Program Review Panel

CDPHE Technical Reviewer /
(please print) Date of receipt

CHAPP Reviewer /
(please print) Date of receipt

A CDPHE technical review has been conducted, and the following determinations were made (if checked below):

- ☐ The item is consistent with Colorado Department of Public Health and Environment Policy.
- ☐ The item is medically accurate.
- ☐ The item is appropriate and acceptable to the targeted risk population for which it was created.

If you, as a CHAPP panelist, require more details on how these determinations were made, you may request them from CDPHE prior to approving this item.

Material: ☐ Approved, ☐ Not Approved, ☐ Conflict of Interest, or ☐ Approved with contingencies listed below:

Panelist Name: _____ Date: _____

Panelist Signature: _____

To be completed by CHAPP Program Coordinator:

Final approval ☐ Yes ☐ No Approval with contingencies ☐ Yes ☐ No Date: _____

Date contingencies received: _____ Verification contingencies were met: _____
Initials

Attachment 7- Contract Management System Rating Guidance

Contract Monitoring System (CMS)

Evaluation Category Definitions and Factors

Contract Monitors will determine contractor performance on quality, timeliness, price/budget, business relations/customer service, and deliverables/requirements. Under each Category, factors have been developed to better describe expectations. “BS” is Below Standard, “AS” is Above Standard and no mark is Standard.

Monthly:

CMS will document monthly Category ratings in the program spreadsheet.

Quarterly:

CMS will document quarterly Category ratings and Overall rating in program spreadsheet which will be communicated to the contractor by the CMS coordinator.

Final rating:

CMS will document Final Category ratings, Overall rating and supporting documentation in program spreadsheet which will be communicated to the contractor by the CMS coordinator.

I. Quality: The contractor achieved desired outcomes with a minimum of avoidable errors and problems. Work met the requirements, expectations or desired outcomes as set forth in the contract/scope of work. The work was accurate and complete. The work was done in an efficient manner.		
Rating		
BS	A S	Factors
		a. The contractor complied with the terms and conditions of the contract/scope of work.
		b. The contractor delivered services in compliance with recommended/required standards of practice and guidelines.
		c. The service was delivered with fidelity to a written curriculum and/or in accordance with written policies and procedures. If written curriculum or policies and procedures were not available, the contractor made a good faith effort to develop the curriculum and/or policies and procedures.
		d. The contractor ensured that qualified and properly trained personnel delivered services.
		e. (Optional) Services delivered by the contractor were of such high quality that they served as models of excellence for other contractors providing similar services.
Category Rating <i>(BS rating in a, b or c OR for 2 factors = BS for Category)</i>		
II. Timeliness: The contractor performs work within the time frames identified/specified in the contract/scope of work and keeps the project on schedule.		
Rating		Factors
BS	A S	
		a. The contractor delivered services and data by dates specified in contracts and other guiding documents. <i>(quarterly goals not reached)</i>
		b. The contractor responded to requests for information or assistance in a timely manner.
		c. (Optional) The contractor consistently delivered high quality services and data, before dates specified in contracts or other guiding documents.
Criteria Rating <i>(BS rating in (a) or for any factor for 2 months = BS in category)</i>		

III. Price/Budget: The contractor effectively manages costs and the value of the product and/or services received supported the costs. The contractor adhered to budget as specified in the contract/scope of work.		
Criteria Rating from Fiscal Monitor		
IV. Business Relations: The degree to which the contractor is professional and respectful in its business approach and interactions with CDPHE.		
Rating	Factors	
	a. The contractor's representative(s) was courteous, cooperative, and professional in all communications.	
	b. The contractor's representative(s) attempted to resolve problems in a timely manner and followed up with a status report.	
	c. The contractor kept the STI/HIV Section informed of circumstances that might negatively affect service delivery or product development.	
	d. (Optional) The contractor was recognized for superior customer service or went to extraordinary lengths to meet customers' needs.	
Category Rating <i>(BS rating 2 or more factors or for any factor for 2 months = BS in category)</i>		
V. Deliverables: The degree to which the contractor is compliant in meeting the standards of contract requirements and deliverables.		
Rating	Factors	
	a. Deliverables (e.g., monthly reports, curriculum, screening procedures, etc) were submitted on time.	
	b. Deliverables complete and accurate and submitted using the correct format.	
	c. (Optional) The contractor's deliverable(s) significantly enhanced or improved the funded STI/HIV prevention system.	
Criteria Rating <i>(BS rating in one factor or for any factor for 2 months = BS in category)</i>		
Quarterly Overall CMS Rating <i>(BS rating in 2 or more monthly Categories BS rating in Quality or Timeliness for 2 months = BS overall) **Any Overall Below Standard ratings needs to be discussed with Program Manager, Section Chief and the Procurement and Contracts Director.</i>		
Final Overall CMS Rating ** Category rating: <i>Average quarterly rating over the contract period. Take into consideration the project success during the last year of the project period</i> Guidance for Overall rating: 1. BS rating may be given if 2 or more Categories are BS 2. BS rating may be given if Quality or Timeliness Categories are rated as BS <i>**Any Overall Below Standard ratings needs to be discussed with Program Manager, Section Chief and the Procurement and Contracts Director.</i>		